

## CHAPTER 3 SECTION 11.1

### INTERSEX SURGERY

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Authority: [32 CFR 199.4\(e\)\(7\)](#) and [\(g\)\(29\)](#)

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#### I. PROCEDURE CODE RANGE

55970 - 55980

#### II. DESCRIPTION

Intersex involves an individual who shows intermingling, in varying degrees, of the characteristics of each sex, including physical form, reproductive organs, and sexual behavior.

#### III. POLICY

Surgery performed to correct sex gender confusion (i.e., ambiguous genitalia) which has been documented to be present at birth is a covered benefit.

#### IV. EXCLUSION

All services and supplies directly and indirectly related to intersex surgery for other than ambiguous genitalia documented to be present at birth, are excluded from cost-sharing.

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